

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
15	1					
16	1					
17	1					
18	1					
19	4					
20	1					
21	4					
22	4					
23	4					
24	4					
25	4					
26	4					
27	2					
28	2					
29	2					
30	2					
31	2					
32	2					
33	2					
34	2					
35	2					
36	2					
37	2					
38	2					
39	4					
40	1					
41	1					
42	1					
43	1					
44	2					
45	2					
46	2					
47	2					
48	2					
49	2					
50	2					
TOTAL IND.	6					
TOTAL DEP.	90					
TOTAL CLAIMS	96					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	2					
52	2					
53	2					
54	2					
55	2					
56	2					
57	2					
58	2					
59	2					
60	2					
61	2					
62	2					
63	2					
64	2					
65	1					
66	1					
67	1					
68	1					
69	1					
70	3					
71	3					
72	2					
73	2					
74	1					
75	1					
76	1					
77	2					
78	2					
79	2					
80	2					
81	2					
82	2					
83	2					
84	2					
85	2					
86	2					
87	4					
88	1					
89	4					
90	4					
91	4					
92	4					
93	4					
94	4					
95	1					
96	1					
97	1					
98	1					
99	1					
100	4					
TOTAL IND.	15					
TOTAL DEP.	188					
TOTAL CLAIMS	203					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS